

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000107523

1. Entity Name
BEST INTERIOR CONSTRUCTION, INC.



Principal Place of Business
**5757 BLUE LAGOON DRIVE
SUITE 220
MIAMI, FL 33126**

Mailing Address
**5757 BLUE LAGOON DRIVE
SUITE 220
MIAMI, FL 33126**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LICKSTEIN, FRED K
100 SE 2ND STREET 17TH FLOOR
MAIMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GHOSN, ANTOINE
5757 BLUE LAGOON DRIVE #220
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GHOSN, MAHA
5757 BLUE LAGOON DRIVE #220
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KLOMAN, PAUL
3174 LAKESHORE DR.
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000233422
02/17/05-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

MAHA GHOSN

2/14/05

305-2644055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #